## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further indicated unless correcte maintenance fee notificate                                                                                                                                                                                                                                                                                        | correspondence including<br>d below or directed other<br>dions.                                                                                                                                                                                                                                                                                      | ig the Patent, advance or<br>terwise in Block 1, by (a                                                                                                                                                                                                                                                                                                 | ders and notification of<br>specifying a new co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | of ma<br>rresp                                                        | aintenance fees woondence address;                                                                                                                                                                                                                                                            | ill be r<br>and/or         | nailed to the current or<br>(b) indicating a separ                             | correspondence address as rate "FEE ADDRESS" for                                                                                                  |  |
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| CURRENT CORRESPONDENCE ADDRESS (Note; Use Block i for any change of address)                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                            |                                                                                |                                                                                                                                                   |  |
| 23416<br>CONNOLLY I<br>P O BOX 2207<br>WILMINGTON                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                      | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                                                               |                            |                                                                                |                                                                                                                                                   |  |
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|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                                                               |                            |                                                                                | (Signature)                                                                                                                                       |  |
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| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                      | FILING DATE                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                        | FIRST NAMED INVENTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                           |                            | CONFIRMATION NO.                                                               |                                                                                                                                                   |  |
| 10/521,076 02/07/2005 Roland Kratzer 09086-00218-US 6579 TITLE OF INVENTION: PREPARATION OF CATALYST SYSTEMS                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                                                               |                            |                                                                                | 6579                                                                                                                                              |  |
| APPLN, TYPE                                                                                                                                                                                                                                                                                                                                                          | SMALL ENTITY                                                                                                                                                                                                                                                                                                                                         | ISSUE FEE DUE                                                                                                                                                                                                                                                                                                                                          | PUBLICATION FEE D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | UE                                                                    | PREV. PAID ISSUE                                                                                                                                                                                                                                                                              | FEE                        | TOTAL FEE(S) DUE                                                               | DATE DUE                                                                                                                                          |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                       | МО                                                                                                                                                                                                                                                                                                                                                   | \$1400                                                                                                                                                                                                                                                                                                                                                 | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | \$0                                                                                                                                                                                                                                                                                           |                            | \$1700                                                                         | 10/24/2007                                                                                                                                        |  |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                      | ART UNIT                                                                                                                                                                                                                                                                                                                                               | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                                                                               |                            |                                                                                |                                                                                                                                                   |  |
| BRUNSMAN, DAVID M                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                      | 1755                                                                                                                                                                                                                                                                                                                                                   | 502-103000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                                                               |                            |                                                                                |                                                                                                                                                   |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondenc Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol> |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                        | (1) the names of upor agents OR, altern (2) the name of a series of a strength of the control of | single firm (having as a member a 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |                                                                                                                                                                                                                                                                                               |                            |                                                                                |                                                                                                                                                   |  |
| PLEASE NOTE: Uni<br>recordation as set fort<br>(A) NAME OF ASSI                                                                                                                                                                                                                                                                                                      | less an assignee is ident<br>h in 37 CFR 3.11. Com                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | he pa<br>g an a                                                       | tent. If an assignessignment.                                                                                                                                                                                                                                                                 |                            |                                                                                | ocument has been filed for                                                                                                                        |  |
| Please check the appropr                                                                                                                                                                                                                                                                                                                                             | iate assignee category or                                                                                                                                                                                                                                                                                                                            | categories (will not be pr                                                                                                                                                                                                                                                                                                                             | rinted on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Individual 🛚 Co                                                                                                                                                                                                                                                                               | orporati                   | on or other private gro                                                        | up entity Government                                                                                                                              |  |
| 4a. The following fee(s)  Let Issue Fee  Description Fee (N)  Advance Order                                                                                                                                                                                                                                                                                          | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 032775 (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                                                               |                            |                                                                                |                                                                                                                                                   |  |
| 1 8 8                                                                                                                                                                                                                                                                                                                                                                | is SMALL ENTITY stat                                                                                                                                                                                                                                                                                                                                 | us. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                                                               |                            | TITY status. See 37 CF                                                         |                                                                                                                                                   |  |
| interest as shown by the                                                                                                                                                                                                                                                                                                                                             | records of the United St                                                                                                                                                                                                                                                                                                                             | ates Pachtyand Trademark                                                                                                                                                                                                                                                                                                                               | Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                                                                               |                            |                                                                                | e assignee or other party in                                                                                                                      |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                 | Eswann D                                                                                                                                                                                                                                                                                                                                             | Môrrison                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Date                                                                                                                                                                                                                                                                                          | 9.                         | 55.841                                                                         |                                                                                                                                                   |  |
| Typed or printed nam                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                      | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                                                               |                            |                                                                                | I.L. d. Yloppo                                                                                                                                    |  |
| an application. Confident<br>submitting the complete<br>this form and/or suggest                                                                                                                                                                                                                                                                                     | tiality is governed by 35 d application form to the<br>ions for reducing this bu                                                                                                                                                                                                                                                                     | 6 U.S.C. 122 and 37 CFR<br>e USPTO. Time will vary<br>orden, should be sent to th                                                                                                                                                                                                                                                                      | 1.14. This collection is<br>depending upon the interpretation O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s esti<br>indivi<br>iffice                                            | mated to take 12 i<br>idual case, Any co<br>r. U.S. Patent and                                                                                                                                                                                                                                | minute:<br>mmen:<br>Trader | s to complete, including<br>ts on the amount of time<br>mark Office, U.S. Dena | by the USPTO to process)<br>g gathering, preparing, and<br>ne you require to complete<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |  |

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